Child And Adult Care Food Program Claiming Percentage Roster Fiscal Year _____

Sponsor Name		CTD #	
Site Name			
List participants qualifying for	meals:		

Last	First	Oct	Nov	Doo	lon	Feb	Mor	۸۳۰	Mov	lun	Lut	۸~	Con
Last	FIISL	Oct	INOV	Dec	Jan	reb	Mar	Apr	May	Jun	Jul	Aug	Sep

Child And Adult Care Food Program Claiming Percentage Roster Fiscal Year ____

Sponsor Name	CTD#
Site Name	

List participants qualifying for **FREE** meals:

Last	First	Oct	Nov	Doo	lon	Feb	Mor	۸۳۰	Mov	lun	Lut	۸~	Con
Last	FIISL	Oct	INOV	Dec	Jan	reb	Mar	Apr	May	Jun	Jul	Aug	Sep

Child And Adult Care Food Program Claiming Percentage Roster Fiscal Year ____

Sponsor Name	CTD #
Site Name	

List participants qualifying for **REDUCED** meals:

Last	First	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
													ļ
												-	

Child And Adult Care Food Program Claiming Percentage Roster Fiscal Year ____

Sponsor Name	
Site Name	

List participants qualifying for **PAID** meals:

Last	First	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
													ļ
												-	